

MARCUS (H.D.)

PAIN IN DISEASE



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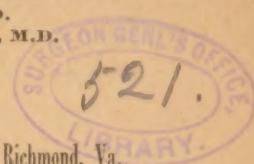
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ORIGINAL ARTICLES AND SELECTIONS.

PAIN IN DISEASE.

By HERMAN D. MARCUS, M. D., D. D. S., Resident Physician, Philadelphia Hospital (Blockley).

There is no symptom, no condition which appeals to the physician more strongly than pain. When approaching the patient's bedside suffering some form of disease, the first question quickly forms: "Have you pain?" Be it neuralgic, inflammatory, or perhaps more or less hysterical, treatment in this direction must at once be resorted to, and thus make our patient as comfortable as possible.

Too often, under such circumstances, do we find the hypodermic syringe called into use and the use of morphia begun promiscuously. No greater mistake can probably be made than to adopt such treatment, and no more dreaded after-effects can be inaugurated than giving the patient a prescription for a number of morphia powders. I do not wish to appear as condemning the use of morphia, but morphia must be condemned when given without due regard to consequences. Morphia used by the cautious physician is a powerful weapon to combat pain, but, given in the

patient's hand, it too often becomes the means of ruining a probable promising future. There would certainly be sufficient excuse to prescribe morphia at will when pain becomes unbearable, providing we have no other analgesic at our command, but as long as such drugs exist morphia *should not* be used until all other means fail.

In antikamnia we find a drug which will, if properly administered, achieve results equal to morphia, without causing any especial deleterious effects. Antikamnia is a drug patented by its manufacturers and thus probably becomes obnoxious to the average physician, but then this is hardly an item to be considered as long as we find that its value as an analgesic is not enhanced by the secrecy surrounding its composition. There is no question to my mind that this preparation fulfills all requirements to be classed as a true and reliable analgesic. And it is sufficient to say that in only a very small percentage of cases have I seen this preparation fail, and then in such diseases in which pain was merely functional.

There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of this drug than in the treatment of such affections. Another obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it.

Antikamnia when ordered, should be given in tablet form (5 gr. preferable) as sold by its manufacturer, or in capsules. Taking it in the form of powders we may find some difficulty in giving it to our patient, as the slight pungent taste may be somewhat objectionable to some patients. The dose is from 3 to 10 grains, and may be repeated until about 25 grains are taken. I have never gone beyond this amount. 5 grains may be repeated without ill effects every 10 to 15 minutes until 3—4 doses have been taken. I have never seen any toxic symptoms arise from this dose given in such short time, and I may safely say that I do not believe that any toxic symptoms are apt to arise if given as mentioned above. Why antikamnia should not rank higher in the opinion of the medical profession than any of its congeners, I have never been able to discover. It is certainly in its action as an analgesic the peer of any as an hypnotic.

In conclusion, I wish to quote a few cases in which antikamnia was used with remarkable success, and leave the reader to decide the question of its value.

M. B. 36 years, female, came first under my observation August, 1891. She then complained of unbearable headache during her menstrual period. She had been taking morphia sulph. gr. $\frac{1}{2}$ two to three times daily, and would only receive relief when fairly stupefied by the drug. Fearing habit, she refused to take any more and

consulted me. The headache was easily diagnosed as migraine, and the patient having an attack in my office, I gave her a 5 gr. tablet of antikamnia. Ten minutes later there seemed to be no relief. I gave her 10 grains. A few minutes afterwards she began to notice gradual relief, and left the office in the course of an half hour perfectly relieved. I advised her to use 5 grains antikamnia as soon as pain is felt, and repeat the dose every ten minutes until relieved, or until she had taken 20 grains. She reported at the end of her menstrual period that 15 grains, taken in 5 grain tablets every 10 minutes, gave her prompt relief. Since then she has always been able to check her migraine with from 10 to 15 grains.

F. G., 52 years, male, a sufferer of sciatic rheumatism, was prescribed 10 grains antikamnia every 15 minutes, and was relieved of his pain after taking two doses (20 grains).

M. I., 22 years, female, presented herself with excruciating pain due to pyosalpinx, the patient being somewhat of an alcoholic and morphia habitue. I prescribed 5 grains of antikamnia every 15 minutes until relieved. Her pains became greatly lessened in the course of an hour, and until operation was performed some weeks later, the pain was always relieved by from 10 to 20 grains of antikamnia.

S. L., 28 years, female. This patient had been previously operated on for cystic ovaries. Both ovaries were removed at the time of the operation. When first seen by me she complained of extreme pain in left ovarian region. Vaginal examination revealed nothing abnormal, and the case was diagnosed as hysteria. Hot turpentine stupes were applied to seat of pain, and finally blisters, but no relief followed such treatment. I finally prescribed morphia sulph. gr. $\frac{1}{2}$, atropia sulph. gr. 1-60, to be repeated every four hours, but although the morphia was pushed to its physiological limit, no improvement followed. I then gave her 10 grains of antikamnia; fifteen minutes later 5 grains; and the relief following such treatment lasted for 28 hours, when pain again returning, she received 10 grains antikamnia, which again relieved it. Subsequently, laparotomy revealed that the ligature previously placed in removing the left ovary was tied around a nerve. This being remedied, patient fully recovered.

